



# FDHF Disaster Fund Donor Form

Yes, I would like to support the Florida Dental Health Foundation's Disaster Fund through a tax-deductible contribution:

- \$50
- \$100
- \$ \_\_\_\_\_ (other)

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

ZIP Code \_\_\_\_\_

Please return this form with your contribution to: FDHF Disaster Fund  
1111 E. Tennessee St.  
Tallahassee, FL 32308

### Method of payment:

- Enclosed is my check.  
Please make check payable to Florida Dental Health Foundation.
- Please charge the above amount to my credit card.  
Credit-card payments may be faxed
  - MasterCard    Visa    American Express

Credit-card number: \_\_\_\_\_

Expiration date: \_\_\_\_\_

Signature: \_\_\_\_\_

The Florida Dental Health Foundation is a non-profit, charitable organization approved by the Internal Revenue Service as a 501(c)(3) tax-exempt corporation.

The FDHF is registered with the Florida Department of Agriculture and Consumer Affairs(#SC-02435). The FDHF receives 100 percent of charitable contributions. No portion of contributions are retained by a professional solicitor.

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